STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

October 29, 1991

TO: All County Welfare Directors
All County Medi-Cal Program Specialists/Liaisons
All MEDS Coordinators

Letter No. 91-95

SUBJECT: PHASED-IN IMPLEMENTATION OF THE 100 PERCENT PROGRAM FOR CHILDREN DATA PROCESSING CHANGES

REFERENCE: ACWDLs 89-55, 89-104, 90-61, 90-106, 91-06 and 91-50

This letter is to provide counties with information necessary for reporting eligibility information to MEDS for the 100 Percent program contained in Section 4601 of the Omnibus Budget Reconciliation Act (OBRA) of 1990. This provision of OBRA 90 amends Section 1902 of the Social Security Act. The 100 Percent program will be implemented November 1, 1991, retroactive to July 1, 1991.

The 100 Percent program requires states to provide Medi-Cal benefits at no share of cost (SOC) to eligible children who have attained age six (6) years, were born after September 30, 1983, but who have not attained nineteen (19) years of age, and whose family income does not exceed 100 percent of the Federal poverty level (FPL). The requirements are similar to the 133, 185, and the 200 Percent programs in that appropriate services are provided at no SOC to children who meet the age limits and poverty levels specified for each program.

NEW AID CODES

The Department has established two new alphanumeric aid codes to identify the 100 Percent program. The two groups of children are identified below:

7A - Citizen/Lawfully Admitted for Permanent Residence/PRUCOL/Amnesty (ABD or under age 18) - Children (FFP) Provides full scope Medi-Cal benefits to children born after September 30, 1983, ages six (6) years up to nineteen (19) years, and continues beyond age nineteen (19) when

continuing inpatient status began before their nineteenth (19th) birthday, and family income is at or below 100 percent of the Federal poverty level.

7C - Non-Immigrant Status/Undocumented Alien/Amnesty (not ABD or not under age 18)/Applicant for Amnesty - Children (50% Title XIX FFP for emergency services, 100% State General Fund for Pregnancy-related services) - Provides restricted Medi-Cal benefits to children born after 9/30/83, ages six (6) years up to nineteen (19) years, and continues beyond age nineteen (19) when continuing inpatient status began before their nineteenth (19th) birthday and family income is at or below 100% of the FPL. OBRA of 1986 allows emergency services including labor and delivery, and dialysis services to Medi-Cal eligible undocumented and nonimmigrant aliens. These aliens are also eligible for State-only non-emergency pregnancy-related services. (Only one card issued.)

MEDS PROCESSING/STORAGE

The 100 Percent aid codes will be treated as Special Program aid codes, as are the 133 Percent, 185 Percent and 200 Percent aid codes, because beneficiaries may also be a part of an MC 177 SOC case. Eligibility information for these aid codes will be stored in one of the two special program segments which currently accommodate Dialysis, TPN, Postpartum, the 133 Percent, 185 Percent, 200 Percent and QMB eligibles. The special program segment identifier PREGNT that was previously designated for postpartum, 133 Percent, 200 Percent and the 185 Percent eligibles also applies to the 100 Percent eligibles.

COUNTY REPORTING TO MEDS

A. Transactions:

As with other special program eligibility, reporting of 100 Percent program eligibility information is limited to certain transaction codes, specifically EW15, EW20, EW30 and EW40. The 100 Percent program aid codes may also be reported on EW10 and EW11 to report MEDS-ID changes or to correct MEDS when more than one record exists for the same individual. The EW15 and EW11 are online transactions only. All other transactions may be submitted either online or batch. As a reminder, when special program aid codes are entered on an EW30, all aid codes on the EW30 must have the same segment identifier (i.e. an EW30 may be used to report a change from 133 Percent to 200 Percent but not to report a change from 133 Percent to TPN).

B. Edits:

MEDS edits consider the 100 Percent program aid codes to be no SOC, no post-eligibility allowed and acceptable for up to three months of SB1980 pre-eligibility.

MEDS edits will issue an error message when the birthdate entered is prior to September 30, 1983 or when the transaction fails the minimum age edit, which is 72 months for these aid codes. In conjunction with the age edit changes to accommodate the 100 Percent program, a new batch edit has been added to issue an error message when the birth year indicates that an age calculation would compute an unreasonable age (birth year is currently set at 1850). The batch messages associated with these edits are as follows:

1083 AGE NOT WITHIN ACCEPTABLE RANGE FOR AID CODE *ACTION
1084 BIRTHDATE INDICATES UNREASONABLE AGE *ACTION

C. Eligibility Status Action Codes (ESACs):

The two ESACs designated for the 185, 200, and 133 Percent programs for children over the maximum age designated for each program who are eligible because of their continuing inpatient status also apply to the 100 Percent children in aid codes 7A and 7C. ESAC 4 is used for reporting ongoing eligibility (with no termination date) and ESAC 9 is used for reporting a closed period of eligibility (eligibility with a termination date or reported on an EW15 or in an EW30 history field). If a county is reporting 100 Percent program eligibility which begins prior to age nineteen (19) and continues past age nineteen (19), the eligibility period beginning at nineteen (19) years and one (1) month of age must be reported with one of the special ESACs and the earlier eligibility must be reported with a regular ESAC (i.e., 1, 2, 3, 6, 7 or 8). If an incorrect ESAC is used, one of the following messages will be issued (the first two are online messages and the second two are batch messages).

224 SPECIAL ESAC REQUIRED FOR AID-CODE OR AID CODE/AGE
225 SPECIAL ESAC NOT ALLOWED FOR AID-CODE OR AID CODE/AGE
1079 SPECIAL ESAC NOT ALLOWED FOR AID CODE OR AID CODE AND AGE
1080 SPECIAL ESAC REQUIRED FOR AID CODE OR AID CODE AND AGE

D. Pseudo Numbers:

When special program eligibility is first reported to MEDS for a beneficiary who does not have a Social Security Number, there is a potential for two records to be established on MEDS if the beneficiary is already known to MEDS. The establishment of two records can be avoided if either: 1) the serial, FBU and person number match a County-ID previously reported to MEDS by the county; 2) the initial eligibility is reported online and the pseudo MEDS-ID is included on the transaction; or 3) the county EDP system can report in the Alternate County ID field (data element 9005) a County ID previously reported to MEDS.

MEDI-CAL CARD ISSUANCE

Procedures for the 100 Percent program Medi-Cal card issuance will be the same as for the other special programs. An ID card will automatically be issued by MEDS when a beneficiary has ongoing eligibility at Renewal or when eligibility is reported and an ID card has not previously been issued for a particular month.

If an immediate need ID card is requested via an EW15 and the beneficiary already has regular full Medi-Cal eligibility on MEDS for that month, MEDS will issue an online error message indicating that a special program ID card is inappropriate and that a regular ID card should be requested via an EW15 or EW45.

All children in aid code 7C will receive a Medi-Cal card with the restriction message "VALID FOR EMERGENCY OR PREGNANCY RELATED SERVICES ONLY". Children reported with aid code 7A will receive a Medi-Cal card with no message. See Enclosure A for samples of the Medi-Cal cards for the 100 Percent program.

Retroactive Eligibility

As previously explained in All County Welfare Directors Letter No.'s 90-106, 91-06 and 91-50, beneficiaries determined eligible for one of the Percent programs already may have been determined eligible for a Medi-Cal SOC program in the same month of eligibility. Therefore, beneficiaries who previously MET OR OBLIGATED TO PAY THEIR SOC and were subsequently determined eligible in the same month of eligibility for one of the Percent programs are entitled to an adjustment (refund/reduction of billed amount). This adjustment of the beneficiaries' met SOC represents services which should have been provided at no SOC under one of the Percent programs.

Once the provider's claim for services under one of the Percent programs has been reimbursed by the fiscal intermediary, the provider refunds the appropriate amount to the beneficiary if the met SOC was paid. If the SOC was obligated but not paid, the provider reduces the amount billed the beneficiary by the appropriate amount.

CLAIMING PROCESS

If the beneficiary MET HIS/HER SHARE OF COST and the DATE OF SERVICE on the provider's bill is OLDER THAN 12 MONTHS, the county must issue a retroactive Medi-Cal card containing the original SOC County ID and give the beneficiary a "Share-of-Cost Medi-Cal Provider Letter" (MC 1054 revision date 12/90). The process will be as follows:

1. The beneficiary will take the Medi-Cal card containing the original SOC county I.D. and MC 1054 to the provider for processing.

2. The fiscal intermediary will use the Medi-Cal card containing the original SOC County I.D. to identify the beneficiaries' eligibility. This card will enable the fiscal intermediary to identify previously submitted SOC claims and make adjustments to those claims based upon reduction in SOC as indicated on the MC 1054.

NOTE: In this situation, the county is NOT to issue retroactive Medi-Cal cards containing an aid code designated for one of the Percent programs.

When a beneficiary has met his/her share of cost and the date of service on the provider's bill is within the last 12 months, the beneficiary will be given the MC 1054 containing the "Old Share of Cost County I.D." and the "New Non-Share of Cost County I.D." to give to the provider for processing.

NOTE: In this situation, the county is NOT to issue retroactive Medi-Cal cards with either: 1) the original SOC county I.D., or; 2) an aid code designated for one of the Percent programs.

The 100 Percent program will be implemented November 1, 1991, retroactive to July 1, 1991; however, due to EDS program delays, counties will not be able to readjust the share of cost, for children who should have received no share of cost under this program, until January 1, 1992.

Counties should continue to flag cases for children who had a share of cost prior to implementation so that a readjustment may be made after January 1, 1992.

RENEWAL ALERTS

The renewal alerts currently on MEDS for the 133, 185, and 200 Percent programs will also be used for the 100 Percent program. The alerts are listed below:

A. INFANT/CHILD REVERIFICATION ALERT AND INFANT/CHILD TERMINATION ALERT

These two alerts apply to infants and children eligible under the 133/185/200 and the 100 Percent programs. MEDS Renewal will issue these two county eligibility worker alerts for infants/children eligible for these four Percent programs.

Infant/Child Reverification Alert

The first infant/child alert message under the 100/133/185/200 Percent programs is as follows:

9525 INFANT/CHILD WITHIN 2 MONTHS OF EXCEPTION ELIG PERIOD *ACTION

The first alert is an optional alert and is a reminder that a notice of action should be sent and that a termination action should be initiated, unless the infant/child remains otherwise eligible and in continuing inpatient care. The first alert under the 100 Percent program will be issued when the child has reached the age of 18 years and 11 months and every 6 months thereafter, if MEDS has no term date.

RESPONSE: Initiate appropriate action to terminate or continue infant/child eligibility. A notice of action for the 100 Percent eligibles should be sent and a termination action should be initiated at the end of the month in which the child reaches the age of 19 years unless the child remains otherwise eligible and in continuing inpatient care.

Infant/Child Termination Alert

The second infant/child alert message under the 100/133/185/200 Percent programs is as follows:

9526 INFANT/CHILD ELIG TERMINATED - CHECK FOR EXCEPTION ELIG *ACTION

This alert will be generated for the 100 Percent eligible children showing continuing eligibility past the age of 19 years and 1 month or every 6 months thereafter when eligibility has not been reconfirmed by

the county. It will inform the county that the infant/child eligibility has been terminated on MEDS. MEDS will terminate eligibility pending reconfirmation of eligibility by the county.

RESPONSE: Verify continuing eligibility for one of the Percent programs. If the eligibility is to continue, re-establish eligibility on MEDS using the appropriate Eligibility Status Action Code (ESAC).

RECONCILIATION

The MEDS Reconciliation process is still unable to accommodate overlapping eligibility, thus records containing one of the special program aid codes (07, 44, 48, 49, 69, 70, 71, 72, 73, 74, 75, 76, 79, 7A or 7C) will still be ignored by the reconciliation process. These same aid codes are bypassed in the process that creates the MEDS reconciliation extract file.

EFFECTIVE DATE FOR REPORTING TO MEDS

The effective date of the legislation for the 100 Percent program is July 1, 1991; however, the Department of Health Services and Claims Processing System changes necessary to process these new aid codes will not be in place until November 1, 1991. COUNTIES MUST NOT REPORT ELIGIBILITY IN THESE AID CODES UNTIL AFTER November 1, 1991.

PROVIDER NOTIFICATION

Enclosure B is a copy of the provider bulletin the Department issued to the Medi-Cal providers informing them of the 100 Percent program.

NOTICES OF ACTION

Camera ready copies of the notices of action in Spanish are enclosed (forms MC 239 G and MC 239 H). (See Enclosure C.) ACWDL 91-75 transmitted the English version of these notices of action. The English and Spanish version of these forms are available in the warehouse.

If you have any questions regarding the MEDS Network systems changes, please contact your State MEDS Liaison.

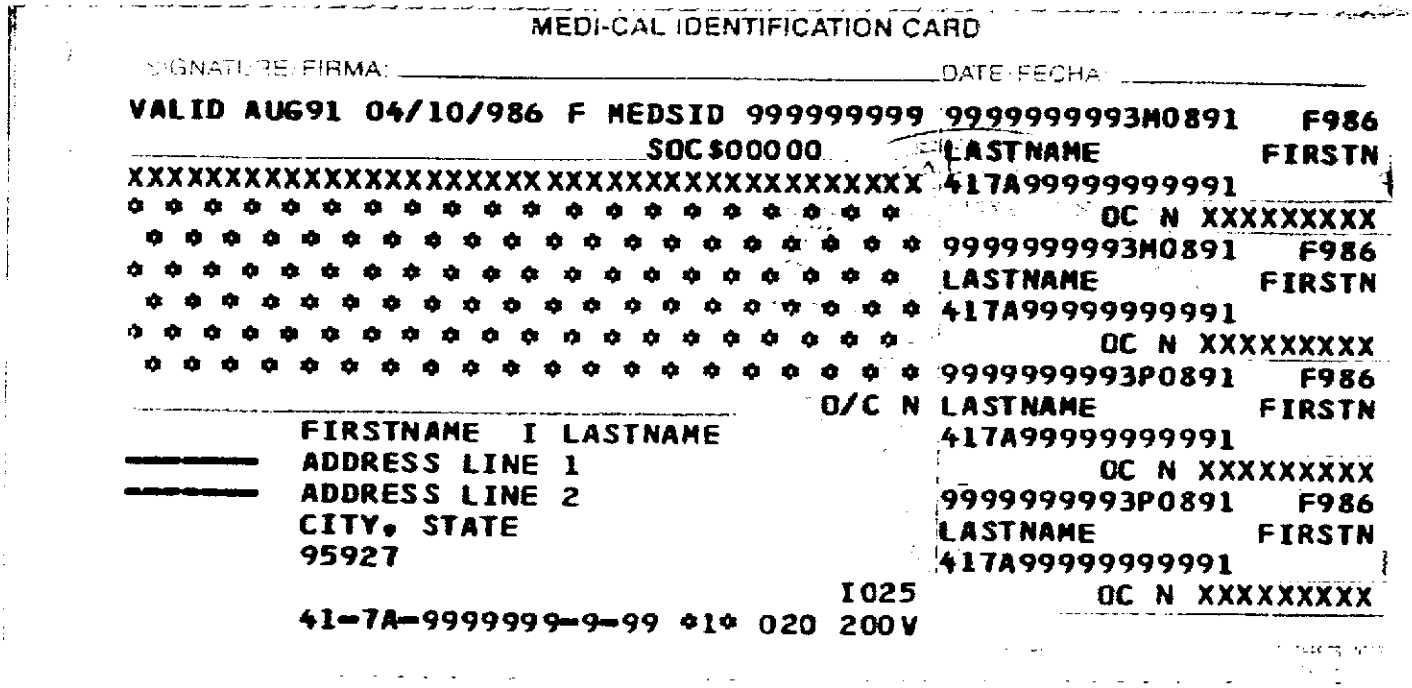
Sincerely,

ORIGINAL SIGNED BY

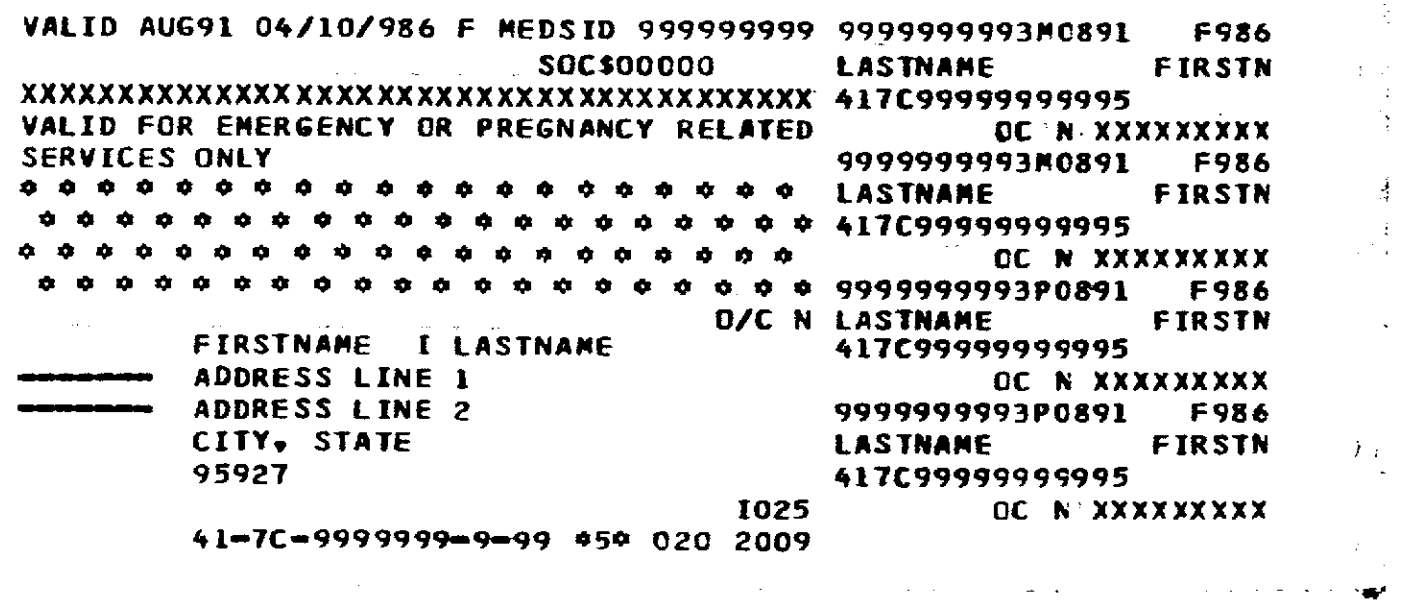
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

Medi-Cal cards for beneficiaries with aid code 7A will not have a message because they are entitled to full scope Medi-Cal coverage. A sample card is shown below:



Medi-Cal cards for recipients with aid code 7C will have the message "VALID FOR EMERGENCY OR PREGNANCY RELATED SERVICES ONLY". A sample is shown below:



MEDI-CAL UPDATE

Allied Health Services Bulletin 184 **September 1991**

Contents

Instructions for manual replacement pages:

	Section 100
Remove and replace:	100-20-3/4
	100-31-1/2
Remove:	100-31-7
Insert:	100-31-7/8, -9/10, -11
Remove and replace:	100-38-3/4
	100-56-3/4
	Section 200
Remove and replace:	200-10-5/6
	200-130-1/2
Insert:	200-130-3
	Section 300
Remove and replace:	300-38-3/4 *
	Section 400
Remove and replace:	400-10-1
	400-12-3/4, -5/6, -7
	400-40-5/6
	400-42-5/6
	400-46-1/2
Insert:	400-46-3
Remove and replace:	400-52-1/2 *

* Pages updated/corrected due to ongoing provider manual revisions.

Please turn page over for Address Change Notice

Expanded Medi-Cal Program For Children Born After September 30, 1983 and At Least Six Years Old (100 Percent Program)

Beginning November 1, 1991, and retroactive to July 1, 1991, Medi-Cal eligibility will be extended on a phase-in basis to children born after September 30, 1983, and at least six years old.

For further information about this program, please refer to manual pages 100-31-9/10, -11, included with this bulletin.

Anti-Hemophilia Factors (AHFs): Billing Policies Expanded

Anti-Hemophilia Factors (AHF) billing polices have been expanded to include specific claim instructions and additional information on the *Acquisition Cost Certification Statement.*

For further details on AHF billing, please refer to manual replacement pages 200-130-1 thru -3, included with this bulletin.

Four Medi-Cal Field Offices Close: Effective September 15, 1991

Effective September 15, 1991, the Redding, Santa Barbara, Santa Rosa and Modesto Medi-Cal Field Offices will close. Providers should use the following chart to determine where to submit TARs, TAR appeals and correspondence.

Note: Podiatry TARs will continue to be submitted to the Los Angeles or San Francisco Field Offices.

County	Field Office
Amador	Sacramento
Butte	Sacramento
Calaveras	Sacramento
Del Norte	San Francisco
Glenn	Sacramento
Humbolt	San Francisco
Lake	San Francisco
Lassen	Sacramento
Mendocino	San Francisco
Merced	Fresno
Modoc	Sacramento
Napa	Oakland
Plumas	Sacramento

County	Field Office
San Joaquin	Sacramento
San Luis Obispo	San Jose
Santa Barbara	San Jose
Shasta	Sacramento
Siskiyou	Sacramento
Solano	Oakland
Sonoma	San Francisco
Stanislaus	Fresno
Tehama	Sacramento
Trinity	Sacramento
Tuolumne	Fresno
Ventura	Los Angeles

Also effective September 15, 1991, border community providers in Oregon who previously submitted their TARs to the Redding and Santa Rosa Medi-Cal Field Offices should submit their TARs to the San Francisco Medi-Cal Field Office.

The addresses for the remaining field offices and a list of Oregon border providers are shown on manual replacement pages 400-12-3/4 and -5, included with this bulletin.

100 Percent Program:
For Children Born After September 30, 1983 And At Least Six Years Old

Beginning *November 1, 1991*, and retroactive to *July 1, 1991*, Medi-Cal eligibility will be extended on a phase-in basis to children born after September 30, 1983, and at least six years old. Children in this program will remain eligible through 18 years of age.

Age Restrictions: Clarifications

The oldest child eligible for this program was born October 1, 1983. A child born on or before September 30, 1983 is not eligible.

Family Income Requirements

To be eligible for this program, the child must meet all other program eligibility criteria and reside in a family whose income does not exceed 100 percent of the federal poverty level.

Ineligible Children

Some children who are not citizens and some amnesty aliens are only eligible for restricted services.

Medicare Crossovers

Medicare crossover benefits for limited-scope 100 Percent program recipients is restricted to emergency or pregnancy-related services (aid code 7C).

Aid Codes

The Department of Health Services has assigned aid codes 7A and 7C on the Medi-Cal ID card to identify recipients eligible under the 100 Percent Program. These codes are defined as follows:

Aid Codes	RECIPIENT TYPE	MESSAGE ON MEDI-CAL CARD
7A	Child born after September 30, 1983 – age 6 to 19 (full scope)	No message
7C	Child born after September 30, 1983 – age 6 to 19 (restricted scope)	VALID FOR EMERGENCY OR PREGNANCY RELATED SERVICES ONLY

Inpatient Services

A child with aid code 7A or 7C who is in an inpatient status during a continuous period that begins before and continues beyond his or her 19th birthday will continue to be eligible for Medi-Cal benefits until the end of the continuous stay.

Examples of Medi-Cal ID cards with aid codes 7A and 7C are shown on the following page.

Emergency Services for Children with Aid Codes 7C

For aid code 7C recipients limited to emergency services, the following services are covered when ordered by the primary provider: pharmacy, radiology, laboratory, dialysis, dialysis-related and kidney transplants. (See *Section 100-38, OBRA/IRCA*, for the definition of emergency services.)

Non-Covered Services

Non-covered services will be denied payment with the EOB/RA codes 086 or 624.

Note: 100 Percent program recipients are not covered under Medi-Cal County Health Systems or other prepaid health care contracts. All claims for these recipients must be submitted to EDS, the Fiscal Intermediary.

EOB/RA CODES AND MESSAGES

Codes	Messages
059	The combination of procedure code and type has no match on the Procedure File.
061	The procedure code and type are not a covered benefit on the date of service.
062	The place of service is not acceptable for this procedure.
063	The procedure is not consistent with the recipient's age.
064	The procedure is not consistent with the recipient's sex.
065	The provider type is not allowed to perform this procedure.
066	The reimbursement information on this claim does not equal the Medicare coinsurance and deductible amounts indicated on the invoice.
067	The primary/secondary surgical procedure code has no match on the Procedure File.
068	Billing error: refer to CPT-4 or provider manual for proper procedure code.
069	This is a duplicate of a previous adjustment.
"070	Denied by Vision Care Claims Review (VCCR) - not reconsidered per provider.
071	The maximum allowance for this service/procedure has been paid.
072	This service is included in another procedure code billed on the same date of service.
073	Billing error: 0099/99070 inappropriate for billing this type of item (e.g., drugs, hearing aid batteries, etc.).
074	This service is included in the surgical fee.
075	The necessary documentation was not received.
076	The submitted documentation was not adequate.
077	This transportation must be ordered by a physician for reasons of medical necessity.
078	RHC Dental Services for CMSP beneficiaries are not processed by the Fiscal Intermediary - send claim to: CMSP, 714 "P" Street, Room 523, Sacramento, CA 95814.

"Vision Care Claims review only

Codes	Messages
601	Pending return of Resubmission Turnaround Documents.
602	Pending adjudication.
603	Pending EDS review.
604	Pending eligibility confirmation.
605	Pending validation of Treatment Authorization Request control number.
606	Pending administrative/Medical Review.
607	Pending Share-of-Cost State Review.
610	This exceeds the limitation for NVDS procedures
611	The TAR attached to your CIF/Appealed Claim is unreadable or illegible.
612	Procedure found in history with a similar modifier for the same date of service. This constitutes a duplicate.
613	The PM-160 was not attached to the claim. Resubmit with the PM-160.
614	Recipient county is not a CHDP Treatment Program contract-back county, or not a contract-back county on date of service.
615	The attached PM-160 is missing county code or other information, or is illegible, or a new condition with referral was not detected.
616	The recipient name, sex and/or date of birth on the claim do not correspond to the attached PM-160.
617	Medical justification not present or does not substantiate follow up treatment beyond 90 days from CHDP screening.
618	CHDTP benefits not payable for patients over 18 years of age or for dates of service prior to 07/01/90.
619	This service is included in another procedure code billed within six months of date of service.
620	Claims recycled maximum number of times. Information requested from provider on deferred TAR not received.
622	Co-insurance and deductible not separately payable on inpatient stay of Medicare Part B-only covered recipient.
624	Non-emergency services are not payable for limited scope 100% recipients.
626	Non-emergency related services are not payable for Aid Code 55 recipients.

(Sello del condado)

NOTIFICACION DE ACCION DE MEDI-CAL

NEGACION O DESCONTINUACION DE BENEFICIOS BAJO EL PROGRAMA DEL 100 (%)

No. del caso: _____

Distrito: _____

Esto afecta a: _____

_____

_____

Nombre(s)

El Programa del 100% es un programa que proporciona beneficios de Medi-Cal sin parte del costo para niños que tienen por lo menos seis años de edad y que nacieron después del 9/30/83. Además de cumplir con otros requisitos de elegibilidad de Medi-Cal, los ingresos de la familia tienen que estar dentro de ciertos límites para reunir los requisitos para este programa.

☐ Una revisión del caso de usted, indica que su niño(s) no reúne los requisitos para este programa porque los ingresos de su familia exceden el límite permitido. Esto no afecta la elegibilidad de su niño(s) para Medi-Cal regular.

☐ La elegibilidad para recibir beneficios bajo el Programa del 100% termina el _____ porque:

El ordenamiento que requiere esta acción, es la sección 50262.6 del Título 22 del Código de Ordenamientos de California *(California Code of Regulations)*.

Trabajador(a) de elegibilidad	Teléfono	Fecha

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACION

(Sello del condado)

NOTIFICACION DE ACCION DE MEDI-CAL

APROBACION BAJO EL PROGRAMA DEL 100 (%)

No. del caso: _____

Distrito: _____

Esto afecta a: _____

_____

_____

Nombre(s)

A partir del _____, su niño(s) será elegible para recibir beneficios de Medi-Cal sin parte del costo bajo el Programa del 100% para niños que tienen por lo menos seis años de edad y que nacieron después del 9/30/83.

Bajo este programa, la tarjeta de Medi-Cal incluirá:

☐ Beneficios completos de Medi-Cal.

☐ Beneficios restringidos de Medi-Cal (solamente servicios de emergencia y relacionados al embarazo).

El ordenamiento que requiere esta acción, es la sección 50262.6 del Título 22 del Código de Ordenamientos de California *(California Code of Regulations)*.

Trabajador(a) de elegibilidad	Teléfono	Fecha

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACION